

CAPITAL KIDS SUMMER CAMP 2019

Thank you for entrusting your child(ren) with the Capital Kids Enrichment Program.

Our program receives federal funding from the Community Development Block Grant (CDBG) federal funds. It is their requirement that we show documentation for the population that we enroll in our program.

You will be required to attach with your application a copy of your previous years 1040 IRS tax form. If you are married and file separately, a copy of your spouse's 1040 IRS tax form must be attached as well. If you don't receive a W2 we will need something that shows your income from the previous year. Your information will be safely guarded at the program site.

Income Eligibility

This program is open to families that meet the following Income Guidelines. Over income applicants will be accepted up to 49% of total enrollment. **Please circle your income level.**

Median Income	Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$76,400	Extremely Low (30%) Income Limits	\$16,050	\$18,350	\$20,650	\$22,900	\$24,750	\$26,600	\$28,400	\$30,250
	Low (50%) Income Limits	\$26,750	\$30,600	\$34,400	\$38,200	\$41,300	\$44,350	\$47,400	\$50,450
	60% Income limits	\$32,100	\$36,720	\$41,280	\$45,840	\$49,560	\$53,220	\$56,880	\$60,540
	Moderate (80%) Income Limits	\$42,800	\$48,900	\$55,000	\$61,100	\$66,000	\$70,900	\$75,800	\$80,700

*****If your annual 2018 income is not listed above please list it here: _____**

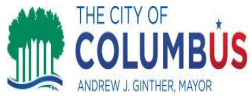
Registration

All applications must have the following in order to register:

- A copy that can be kept of the first two pages of your 2018 Federal 1040 tax form that you filed with the IRS. If your filing status was "Married Filing Separately," a copy of your spouse's 2018 Federal 1040 tax form must be submitted as well.
- A completed and legible copy of the application for the program. No previous years applications will be accepted.
- A signed copy of the Parent Agreement stating you have received a copy of the Parent Handbook.
- Payment must accompany the application. When registering multiple participants from the same family your site director may offer payment options for you. In addition, our department offers scholarships through our P.L.A.Y. program that may offset some of this cost for those who qualify. That application is attached with your application.

Thank you for choosing the Capital Kids program for your child(ren). PLEASE RETURN THIS APPLICATION TO THE SITE DIRECTOR AT THE SITE YOU ARE APPLYING TO.

If you have any questions or comments regarding the application process please contact your site director or you may contact the program director at 614.645.3330 or by email at slwynn@columbus.gov.



RECREATION AND PARKS
DEPARTMENT



A PROGRAM OF COLUMBUS RECREATION AND PARKS DEPARTMENT

2019 SUMMER CAMP REGISTRATION FORM

JUNE 10 – AUGUST 2, 2019

ALL INFORMATION MUST BE FILLED OUT COMPLETELY AND MUST BE LEGIBLE

PROGRAM SITE (CIRCLE ONE): **BEATTY** **FEDDERSEN** **MARION FRANKLIN** **SULLIVANT GARDENS**

2019 Fees

Spring Camp \$ 55.00

Summer Camp \$100.00

School Year \$ 75.00

Check your site for:

Early drop off \$ 10.00

Late pick up \$ 10.00

These charges are for the entire camp session.

Ask if you qualify for the P.L.A.Y grant

TOTAL # IN THE FAMILY _____ YEARLY INCOME \$ _____ AGI – ADJUSTED GROSS INCOME FROM FEDERAL TAX FORM 1040
CHILD RESIDES PRIMARILY WITH: (CIRCLE ONE) MOTHER FATHER BOTH GUARDIAN OTHER _____

PARENT/GUARDIAN INFORMATION

Parent #1 Name: _____
LAST FIRST MIDDLE

Address _____ City _____ State _____ Zip code _____

Home phone () _____ Work phone: () _____ Cell phone () _____ E-mail _____

Circle which telephone number we can reach you at during the hours of 9am-6pm

Parent #2 Name _____
LAST FIRST MIDDLE

Cell phone () _____

PARTICIPANT #1

Child's name _____ Male/Female (circle one) Grade in fall _____
LAST FIRST

Birth date: ____/____/____ Age: _____ School _____ Teacher _____

Health Conditions (circle all that apply):

Speech Impairment Hearing Impairment Vision Impairment Asthma Diabetes Hyperactivity

ADD ADHD ODD Bleeding/Clotting Disorders Convulsions Frequent Ear Infections Insect stings and hay fever

Allergy restrictions _____ Treatment for allergies _____ Medications _____

Activities to be encouraged or limited: _____ Other health information: _____

Food allergies: _____ **Medical information must be accurate. We are not to dispense medicine to participants.*

THIS PROGRAM IS SUPPORTED BY COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

WE ARE REQUIRED TO REPORT THE FOLLOWING INFORMATION ABOUT THE FAMILIES THAT ENROLL. ALL AREAS MUST BE FILLED IN.

ETHNICITY: Please check the categories your child is identified as (You can circle more than one)

American Indian Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander

Hispanic/Latino White/Caucasian Other Continents: _____ (please explain)

Note: If for some reason you chose not to identify yourself please let the Site Director know.

Is household a female-headed household? Yes ___ No ___

PARTICIPANT #2

Child's name _____ Male/Female (circle one) Grade in fall _____
LAST FIRST

Birth date: ____/____/____ Age: _____ School _____ Teacher _____

Health Conditions (circle all that apply):

Speech Impairment Hearing Impairment Vision Impairment Asthma Diabetes Hyperactivity

ADD ADHD ODD Bleeding/Clotting Disorders Convulsions Frequent Ear Infections Insect stings and hay fever

Allergy restrictions _____ Treatment for allergies _____ Medications _____

Activities to be encouraged or limited: _____ Other health information: _____

Food allergies: _____ **Medical information must be accurate. We are not to dispense medicine to participants.*

EMERGENCY CONTACTS (OTHER THAN PARENTS)

NAME Home Phone Cell Phone Work Phone Relationship

1. _____

2. _____

I.D. is required when first picking up the child

CAPITAL KIDS EMERGENCY MEDICAL AUTHORIZATION

(You *must* complete all sections of *either* Part 1 or Part 2 of this section. **Do not complete both**)

Part 1: Permission to transport child: In the event of an emergency, I _____ hereby give the Emergency Medical Service (EMS) permission to take my child to the following medical and dental facilities or to the nearest available source of help. I understand that staff will give children basic first aid when necessary.

Parent/Guardian signature _____ Date _____

OR

Part 2: Refusal to give permission to transport child. I _____ **DO NOT** give permission to take my child to a medical or dental facility. I understand that staff will give participants basic first aid when necessary, but if an illness or injury requires emergency treatment, please do the following: _____

Parent/Guardian signature _____ Date _____

Does your child have health insurance coverage such as Medicaid, Healthy Start, or private insurer? Yes _____ No _____

INFORMATION/PHOTOGRAPHY RELEASE

The staff, the media, and programming partners with permission from the City of Columbus Recreation and Parks Department, may photograph or videotape **my child** for educational and public relations purposes.

Signature _____ Date _____

The staff, the media, and programming partners with permission from the City of Columbus Recreation and Parks Department, may photograph or videotape me, or other family members with me for educational and public relations purposes.

Signature _____ Date _____

FIELD TRIP, ROUTINE AND ACTIVITY RELEASE

I give permission for my child to participate in all field trips, routine trips, and activities offered by the Capital Kids Program for enrichment purposes. These trips may include skating, bowling, swimming, walks to parks and/or libraries or other places close to the center. I understand while staff attempts to tell parents when they will leave for a trip, sometimes trips are spontaneous, and parents cannot be told in advance. The Rec Center staff will always know when the group left and when to be expected back. I also authorize the City of Columbus to do everything necessary to make sure of my child's health and safety in case of an emergency. I agree to not hold the City of Columbus, staff and sponsors of the program responsible for property damage or injury that results from my child's participation in this program.

Signature _____ Date _____

I, the Parent/Guardian agree to the following:

- I will regularly check the Parent/Guardian Corner to learn of current events or any changes in the Capital Kids program. I also know that parents are always welcome at Capital Kids. I know I may come and sign my child out at any time during the program, however, if possible, I will notify the site director in advance so they can alter meal and field trip counts.
- It is expected that participants will attend every day, I will inform the site director or leave a message at the site if my child is not attending the program on that day. My child may be dismissed from the program if I do not contact Capital Kids or if there are excessive absences.
- I know the Camp Capital Kids ends at **5:00pm**. I will do everything I can to make sure my child is picked up by 5:00pm. If I have an urgent situation, it is my responsibility to call the Capital Kids site director. In the event that contact is not made and staff is not able to reach you nor anyone on the emergency contact list, they will contact the Columbus Police Department to escort the child(ren) to Franklin County Childrens Services. If recovery of your child is necessary, that location is 525 E.Mound Street, Columbus, Ohio, 614.229.7100. If your child is taken to FCCS, we will discuss a plan so it doesn't occur again. A late pick up fee will apply. The fee is \$1 per minute after pick up time and is due within two weeks from the occurrence. You will not be able to register for future sessions of our program if there is an outstanding balance. Please be considerate of our staff who have families as well.
- If my child is posing serious or recurring discipline problems, he/she may be suspended or removed from the program. If your child is removed, Capital Kids staff will decide if my child can come back to the program at a later date after a parent/guardian and staff conference.
- Parent conferences with Capital Kids staff are welcome and encouraged. If I would like such a conference, I will contact the staff. Capital Kids staff will reach out to me if they feel a conference is needed.
- Volunteer opportunities do exist with our program, however, all volunteers must complete and pass a department background check. If you are interested in volunteering with our program (chaperoning on field trips, tutoring, gardening, etc.) please let your site director know and also please go to this website to submit your information: www.opportunities.averity.com/crpd.
- I will keep the Site Director informed of any changes in the registration information. (i.e. address, telephone numbers, etc.)
- If I have any serious concerns relative to staff or program site, I will contact the Program Director at 614.645.3330 or by email at slwynn@columbus.gov.
- I have received a copy of the Parent Handbook. It is my responsibility to read it. I agree to follow all the requirements listed above, as well as all the rules in the Program Handbook.

Parent/Guardian Signature _____ Date _____

Name(s) of enrolled children _____